

## Incident Status Summary (ICS-209)

Incident: **GARDEN**

|   |  |  |   |
|---|--|--|---|
| 1. Incident Name:<br><b>GARDEN</b>  |  | 2. Incident Number:<br><b>CA-SQF-001989</b>  |   |
| 3. Report Version (check one box):<br>Initial<br><input checked="" type="checkbox"/> Update<br>Final  | 4. Incident Commander(s) & Agency or Organization:<br><b>Carl Sarubbi, CA-SQF ICT3</b><br><b>Erick D'Amico, CA-SQF ICT3</b><br><b>Angel Prieto, CA-SQF ICT3t</b> | 5. Incident Management Organization:<br><b>Type 3 IC</b>   | 6. Incident Start Date/Time:<br>Date: <b>07/30/2017</b><br>Time: <b>1639 PDT</b>  |
| 7. Current Incident Size or Area Involved (use unit label – e.g., "Acres", "Square Miles"):<br><b>1350 Acres</b>  | 8a. Percent (%) Contained or Completed:<br><b>15 %</b>   | 9. Incident Type:<br><b>Wildfire</b><br>B. Incident Description:<br>C. Cause:<br><b>Human</b><br>D. Fire Suppression Strategy: | 10. Incident Complexity Level:<br><input checked="" type="checkbox"/> Single<br>Complex<br><b>IMT2,</b><br><b>Zombro</b><br><b>inbrief 1100</b><br><b>8/1</b> |
|   | b. Total Percentage (%) of Perimeter that will be Contained or Completed:<br><b>100 %</b>  |  |   |
| 12. Prepared By:<br>Print Name: <b>swanderson@fs.fed.us</b><br>Date/Time Prepared: <b>08/01/2017 0600 PDT</b>   |  | 13. Approved By:<br>Print Name: <b>Erick D'Amico CA-SQF ICT3</b><br>Signature: .   |   |
| 14. Date/Time Submitted:<br><b>08/01/2017 0608 PDT</b>  |  | 15. Primary Location, Organization, or Agency Sent To:<br><b>CA-OSCC</b>   |   |
| 16. State:<br><b>CA</b>   | 17. County / Parish / Borough:<br><b>Kern</b>  | 18. City:  |   |
| 19. Unit or Other:  | 20. Incident Jurisdiction:<br><b>CA-SQF</b>  | 21. Incident Location Ownership (if different than jurisdiction):  |   |
| 22. Latitude/Longitude:<br>Latitude: <b>35° 31' 52"</b><br>Longitude: <b>118° 38' 52"</b>   | 23. US National Grid Reference:<br>Grid Zone:<br>x-Coordinate:<br>y-Coordinate:  | 24. Legal Description:<br>Principal Meridian:<br>Township:    Range:    Section:<br>1/4 Sec: of 1/4 Sec:                       |   |
| 25. Short Location or Area Description (list all affected areas or a reference point):<br><b>11 Miles Southwest of Lake Isabella</b>  |  |  | 26. UTM Coordinates:<br>Zone: Easting:<br>Northing:   |
| 27. Note any geospatial data available (indicate data format, content, and collection time information and labels):<br><b><a href="https://ftp.nifc.gov/incident_specific_data/calif_s/!2017_Incidents/CA-SQF-001989_Garden/GIS/PRODUCTS/">https://ftp.nifc.gov/incident_specific_data/calif_s/!2017_Incidents/CA-SQF-001989_Garden/GIS/PRODUCTS/</a></b> |  |  |   |
| 28. Observed Fire Behavior or Significant Events for the Time Period Reported (describe fire behavior using accepted terminology. For non-fire incidents, describe significant events related to the materials or other causal agents):<br><br><b>Minimal Creeping</b>  |  |  |   |

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| <p><b>Smoldering<br/>Flanking</b></p> <p>Narrative:<br/><b>Lower fire activity over night</b></p> |
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| <p>29. Primary Fuel Model, Materials, or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc):</p> <p><b>Brush (2 feet)<br/>Tall Grass (2.5 feet)</b></p> <p>Narrative:</p> |
|--|

| <p>30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc):</p> <p><b>SEQUOIA NATIONAL FOREST DEMOCRAT FIRE STATION. Breckenridge subdivision is not at high risk at this time, but is within the potential 72 hour threat zone.</b></p> | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;">A. Structural Summary</th> <th style="width: 15%;">B. # Threatened (up to 72 hrs)</th> <th style="width: 15%;">C. # Damaged</th> <th style="width: 10%;">D. # Destroyed</th> </tr> </thead> <tbody> <tr> <td>E. Single Residences</td> <td><b>30</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> <tr> <td>F. Multiple Residences</td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> <tr> <td>G. Mixed Commercial / Residential</td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> <tr> <td>H. Nonresidential Commercial Property</td> <td><b>1</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> <tr> <td>I. Other Minor Structures</td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> </tbody> </table> | A. Structural Summary | B. # Threatened (up to 72 hrs) | C. # Damaged | D. # Destroyed | E. Single Residences | <b>30</b> | <b>0</b> | <b>0</b> | F. Multiple Residences | <b>0</b> | <b>0</b> | <b>0</b> | G. Mixed Commercial / Residential | <b>0</b> | <b>0</b> | <b>0</b> | H. Nonresidential Commercial Property | <b>1</b> | <b>0</b> | <b>0</b> | I. Other Minor Structures | <b>0</b> | <b>0</b> | <b>0</b> |
|--|--|-----------------------|--------------------------------|--------------|----------------|----------------------|-----------|----------|----------|------------------------|----------|----------|----------|-----------------------------------|----------|----------|----------|---------------------------------------|----------|----------|----------|---------------------------|----------|----------|----------|
| A. Structural Summary  | B. # Threatened (up to 72 hrs)   | C. # Damaged          | D. # Destroyed                 |              |                |                      |           |          |          |                        |          |          |          |                                   |          |          |          |                                       |          |          |          |                           |          |          |          |
| E. Single Residences   | <b>30</b>  | <b>0</b>              | <b>0</b>                       |              |                |                      |           |          |          |                        |          |          |          |                                   |          |          |          |                                       |          |          |          |                           |          |          |          |
| F. Multiple Residences   | <b>0</b>   | <b>0</b>              | <b>0</b>                       |              |                |                      |           |          |          |                        |          |          |          |                                   |          |          |          |                                       |          |          |          |                           |          |          |          |
| G. Mixed Commercial / Residential  | <b>0</b>   | <b>0</b>              | <b>0</b>                       |              |                |                      |           |          |          |                        |          |          |          |                                   |          |          |          |                                       |          |          |          |                           |          |          |          |
| H. Nonresidential Commercial Property  | <b>1</b>   | <b>0</b>              | <b>0</b>                       |              |                |                      |           |          |          |                        |          |          |          |                                   |          |          |          |                                       |          |          |          |                           |          |          |          |
| I. Other Minor Structures  | <b>0</b>   | <b>0</b>              | <b>0</b>                       |              |                |                      |           |          |          |                        |          |          |          |                                   |          |          |          |                                       |          |          |          |                           |          |          |          |

| <p>31. Public Status Summary:<br/><i>C. Indicate the Number of Civilians (Public) Below:</i></p>  | <p>32. Responder Status Summary:<br/><i>C. Indicate the Number of Responders Below:</i></p> |                            |                            |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
|---|---|----------------------------|----------------------------|--------------------|---------------|----------|--|----------|--------------------------|----------|--|----------|------------------------------|----------|--|----------|------------|----------|--|----------|--------------|----------|--|----------|------------------------|----------|--|----------|--------------------------|----------|--|----------|-------------------------------------|----------|--|----------|--------------------------|----------|--|----------|------------------|----------|--|----------|--|----------|--|----------|---|--|-----------------------|----------------------------|--------------------|---------------|----------|--|----------|--------------------------|----------|----------|----------|------------------------------|----------|--|----------|------------|----------|--|----------|--------------|----------|--|----------|------------------------|----------|--|----------|--------------------------|----------|--|----------|-------------------------------------|----------|--|----------|--------------------------|----------|--|----------|------------------|----------|--|----------|--|----------|----------|----------|
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%;">Previous Report Total</th> <th style="width: 10%;">A. # this Reporting Period</th> <th style="width: 10%;">B. Total # to-date</th> </tr> </thead> <tbody> <tr><td>D. Fatalities</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>E. With Injuries/Illness</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>F. Trapped/In Need of Rescue</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>G. Missing</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>H. Evacuated</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>I. Sheltering in Place</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>J. In Temporary Shelters</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>K. Have Received Mass Immunizations</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>L. Require Immunizations</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>M. In Quarantine</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td><b>N. Total # Civilians (Public) Affected:</b></td><td><b>0</b></td><td></td><td><b>0</b></td></tr> </tbody> </table> |   | Previous Report Total      | A. # this Reporting Period | B. Total # to-date | D. Fatalities | <b>0</b> |  | <b>0</b> | E. With Injuries/Illness | <b>0</b> |  | <b>0</b> | F. Trapped/In Need of Rescue | <b>0</b> |  | <b>0</b> | G. Missing | <b>0</b> |  | <b>0</b> | H. Evacuated | <b>0</b> |  | <b>0</b> | I. Sheltering in Place | <b>0</b> |  | <b>0</b> | J. In Temporary Shelters | <b>0</b> |  | <b>0</b> | K. Have Received Mass Immunizations | <b>0</b> |  | <b>0</b> | L. Require Immunizations | <b>0</b> |  | <b>0</b> | M. In Quarantine | <b>0</b> |  | <b>0</b> | <b>N. Total # Civilians (Public) Affected:</b> | <b>0</b> |  | <b>0</b> | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%;">Previous Report Total</th> <th style="width: 10%;">A. # this Reporting Period</th> <th style="width: 10%;">B. Total # to-date</th> </tr> </thead> <tbody> <tr><td>D. Fatalities</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>E. With Injuries/Illness</td><td><b>3</b></td><td><b>0</b></td><td><b>3</b></td></tr> <tr><td>F. Trapped/In Need of Rescue</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>G. Missing</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>H. Evacuated</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>I. Sheltering in Place</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>J. In Temporary Shelters</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>K. Have Received Mass Immunizations</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>L. Require Immunizations</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td>M. In Quarantine</td><td><b>0</b></td><td></td><td><b>0</b></td></tr> <tr><td><b>N. Total # Responders Affected:</b></td><td><b>3</b></td><td><b>0</b></td><td><b>3</b></td></tr> </tbody> </table> |  | Previous Report Total | A. # this Reporting Period | B. Total # to-date | D. Fatalities | <b>0</b> |  | <b>0</b> | E. With Injuries/Illness | <b>3</b> | <b>0</b> | <b>3</b> | F. Trapped/In Need of Rescue | <b>0</b> |  | <b>0</b> | G. Missing | <b>0</b> |  | <b>0</b> | H. Evacuated | <b>0</b> |  | <b>0</b> | I. Sheltering in Place | <b>0</b> |  | <b>0</b> | J. In Temporary Shelters | <b>0</b> |  | <b>0</b> | K. Have Received Mass Immunizations | <b>0</b> |  | <b>0</b> | L. Require Immunizations | <b>0</b> |  | <b>0</b> | M. In Quarantine | <b>0</b> |  | <b>0</b> | <b>N. Total # Responders Affected:</b> | <b>3</b> | <b>0</b> | <b>3</b> |
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| D. Fatalities   | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| E. With Injuries/Illness  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| F. Trapped/In Need of Rescue  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| G. Missing  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| H. Evacuated  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| I. Sheltering in Place  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| J. In Temporary Shelters  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| K. Have Received Mass Immunizations   | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| L. Require Immunizations  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| M. In Quarantine  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| <b>N. Total # Civilians (Public) Affected:</b>  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
|   | Previous Report Total   | A. # this Reporting Period | B. Total # to-date         |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| D. Fatalities   | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| E. With Injuries/Illness  | <b>3</b>  | <b>0</b>                   | <b>3</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| F. Trapped/In Need of Rescue  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| G. Missing  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| H. Evacuated  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| I. Sheltering in Place  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| J. In Temporary Shelters  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| K. Have Received Mass Immunizations   | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| L. Require Immunizations  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| M. In Quarantine  | <b>0</b>  |                            | <b>0</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |
| <b>N. Total # Responders Affected:</b>  | <b>3</b>  | <b>0</b>                   | <b>3</b>                   |                    |               |          |  |          |                          |          |  |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |  |          |   |  |                       |                            |                    |               |          |  |          |                          |          |          |          |                              |          |  |          |            |          |  |          |              |          |  |          |                        |          |  |          |                          |          |  |          |                                     |          |  |          |                          |          |  |          |                  |          |  |          |  |          |          |          |

|  |   |  |         |                     |  |                            |  |                                   |  |
|--|---|--|---------|---------------------|--|----------------------------|--|-----------------------------------|--|
| <p>33. Life, Safety, and Health Status/Threat Remarks:<br/><b>Highway 178 closed to traffic through Kern Canyon. No evacuations at this time</b></p>   | <p>34. Life, Safety, and Health Threat Management:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Active?</td> </tr> <tr> <td>A. No Likely Threat</td> <td></td> </tr> <tr> <td>B. Potential Future Threat</td> <td></td> </tr> <tr> <td>C. Mass Notifications in Progress</td> <td></td> </tr> </table> |  | Active? | A. No Likely Threat |  | B. Potential Future Threat |  | C. Mass Notifications in Progress |  |
|  | Active?   |  |         |                     |  |                            |  |                                   |  |
| A. No Likely Threat  |   |  |         |                     |  |                            |  |                                   |  |
| B. Potential Future Threat   |   |  |         |                     |  |                            |  |                                   |  |
| C. Mass Notifications in Progress  |   |  |         |                     |  |                            |  |                                   |  |
| <p>35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):<br/><b>HWY 178 CLOSED IN BOTH DIRECTIONS. May open to CHP escort 8/1 1200-1800 and may open fully 8/1 1800, fire conditions</b></p> |   |  |         |                     |  |                            |  |                                   |  |

## Incident Status Summary (ICS-209)

Incident: **GARDEN**

|                    |  |          |
|--------------------|--|----------|
| <b>permitting.</b> |  | Active?  |
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|                    |  | <b>X</b> |
|                    |  |          |
|                    |  |          |

36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour time frames:

12 hours: **Minimal CONTAINMENT, FULL SUPPRESSION STRATEGY, FIRE IS MOVING SOUTHEAST AT A MODERATE RATE OF SPREAD**

24 hours: **Moderate growth. Dozer lines and contingencies under construction. T1 and T2 helicopters are slowing fire progress and potential spotting with water drops. IMT2 will take control of fire 8/1. Control will require handline construction on steep ground with poor access if crews are available.**

48 hours: **similar**

72 hours: **similar**

Anticipated after 72 hours:

37. Strategic Objectives (define planned end-state for incident):  
**Continue construction of direct and indirect line**

38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts:

12 hours: **DEMOCRAT FIRE STATION, AND NATURAL RESOURCES THREATENED**

24 hours: **Breckenridge subdivision future potential threat**

48 hours:

72 hours:

Anticipated after 72 hours:

39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours: **Four additional T1 crews for 3 days**

24 hours: **Type 1 Crews if not already assigned**

48 hours:

72 hours:

Anticipated after 72 hours: **Static, no additional needs if requested crews are filled depending on fire**

## Incident Status Summary (ICS-209)

Incident: **GARDEN**

|   |      |     |     |       |      |      |      |      |      |                 |                     |  |
|---|------|-----|-----|-------|------|------|------|------|------|-----------------|---------------------|--|
| <b>behavior and weather. strong probability of lightning predicted for 8/3.</b>   |      |     |     |       |      |      |      |      |      |                 |                     |  |
| <p>40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:</p> <ol style="list-style-type: none"> <li>1) critical resource needs identified above,</li> <li>2) the Incident Action Plan and management objectives and targets,</li> <li>3) anticipated results.</li> </ol> <p>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p> <p><b>Steep rugged terrain with little access for engines and limited access for dozers. Continued direct attack requires type 1 crews. Minimal suppression activity overnight due to lack of Type 1 crews. Cow Flat Road in poor condition and not accessible by T3 engines. Road wash out at Lucas Creek limits access to west and south sides of fire, south and east are steep terrain with limited access.</b></p> |      |     |     |       |      |      |      |      |      |                 |                     |  |
| <p>41. Planned Actions for Next Operational Period:</p> <p><b>Continued direct and indirect attack. Dozer line along previous fuel break from Golf Meadow area to Cow Flat Road. Helicopter work to slow fire spread.</b></p>   |      |     |     |       |      |      |      |      |      |                 |                     |  |
| <p>42. Projected Final Incident Size/Area (use unit label – e.g., "Acres", "Square Miles"): <b>2,500</b></p>  |      |     |     |       |      |      |      |      |      |                 |                     |  |
| <p>43. Anticipated Incident Containment or Completion Date: <b>08/09/2017</b></p>   |      |     |     |       |      |      |      |      |      |                 |                     |  |
| <p>44. Projected Significant Resource Demobilization Start Date:</p>  |      |     |     |       |      |      |      |      |      |                 |                     |  |
| <p>45. Estimated Incident Costs to Date: <b>\$100,000.00</b></p>  |      |     |     |       |      |      |      |      |      |                 |                     |  |
| <p>46. Projected Final Incident Cost Estimate: <b>\$5,000,000.00</b></p>  |      |     |     |       |      |      |      |      |      |                 |                     |  |
| <p>47. Remarks (or continuation of any blocks above – list block number in notation):</p> <p><b>IMT2 Zombro ordered for 8/1, In brief at 1100, Kernville. Updated acres from air attack @ 1900, 7/31. Containment updated as of 1900 7/31.</b></p>  |      |     |     |       |      |      |      |      |      |                 |                     |  |
| <p>49. Resources (summarize resources by category, kind, and/or type; show # of resources on top 1/2 of box, show # of personnel associated with resource on bottom 1/2 of box):</p>  |      |     |     |       |      |      |      |      |      |                 |                     |  |
| <b>48. Agency or Org</b>  |      | CR1 | CR2 | CR2IA | HEL1 | HEL2 | ENG3 | DOZR | WTDT | <b>50. Ovhd</b> | <b>51. Tot Pers</b> |  |
| <b>BLM</b>  | Rsrc | 0   | 0   | 0     | 0    | 0    | 1    | 0    | 0    |                 |                     |  |
|   | Pers | 0   | 0   | 0     | 0    | 0    | 5    | 0    | 0    | 0               | 5                   |  |
| <b>C&amp;L</b>  | Rsrc | 1   | 0   | 1     | 0    | 2    | 8    | 2    | 1    |                 |                     |  |
|   | Pers | 20  | 0   | 18    | 0    | 15   | 40   | 4    | 2    | 4               | 103                 |  |
| <b>FS</b>   | Rsrc | 1   | 8   | 0     | 3    | 2    | 2    | 0    | 1    |                 |                     |  |
|   | Pers | 20  | 160 | 0     | 6    | 30   | 10   | 0    | 2    | 20              | 248                 |  |
| <b>52. Total Resources</b>  |      | 2   | 8   | 1     | 3    | 4    | 11   | 2    | 2    |                 | 356                 |  |
| <p>53. Additional Cooperating and Assisting Organizations Not Listed Above:</p> <p><b>CHP AND CALTRANS ASSISTING WITH HIGHWAY 178 CLOSURE. Kern County Fire</b></p>   |      |     |     |       |      |      |      |      |      |                 |                     |  |